

**NATIONAL INSTITUTE FOR HEALTH AND  
CARE EXCELLENCE**

**HEALTH AND SOCIAL CARE DIRECTORATE**

**QUALITY STANDARDS**

**Quality standard topic:** Feverish illness in children under 5 years

**Output:** Equality analysis form – Meeting 2

## **Introduction**

As outlined in the [Quality Standards process guide](http://www.nice.org.uk) (available from [www.nice.org.uk](http://www.nice.org.uk)), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between people from different groups. The purpose of this form is to document the consideration of equality issues in each stage of the development process before reaching the final output that will be approved by the NICE Guidance Executive. This equality analysis is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 lists the equality characteristics and other equality factors NICE needs to consider, i.e. not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. The table does not attempt to provide further interpretation of the protected characteristics. This is because it is likely to be simpler, and more efficient, to use the evidence underpinning the quality standard to define population groups within the broad protected characteristic categories rather than to start with possibly unsuitable checklists created for other purposes, such as social surveys or HR monitoring tools.

The form should be used to:

- confirm that equality issues have been considered and identify any relevant to the topic
- ensure that the quality standards outputs do not discriminate against any of the equality groups
- highlight planned action relevant to equality
- highlight areas where quality standards may advance equality of opportunity.

This form is completed by the NICE quality standards internal team at each stage within the development process:

- Topic overview (to elicit additional comments as part of active stakeholder engagement)
- Quality Standards Advisory Committee – meeting 1
- Quality Standards Advisory Committee – meeting 2

**Table 1**

<b>Protected characteristics</b>
<b>Age</b>
<b>Disability</b>
<b>Gender reassignment</b>
<b>Pregnancy and maternity</b>
<b>Race</b>
<b>Religion or belief</b>
<b>Sex</b>
<b>Sexual orientation</b>
<b>Other characteristics</b>
<b>Socio-economic status</b> Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).
<b>Marital status (including civil partnership)</b>

**Other categories**

Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups are identifiable depends on the guidance topic and the evidence. The following are examples of groups covered in NICE guidance:

- Refugees and asylum seekers
- Migrant workers
- Looked after children
- Homeless people.

## Quality standards equality analysis

### Stage: Meeting 2

### Topic: Feverish illness in children under 5 years

#### 1. Have any equality issues impacting upon equality groups been identified during this stage of the development process?

- Please state briefly any relevant equality issues identified and the plans to tackle them during development.

This quality standard focusses on the assessment and initial management of infants and children under 5 years with unexplained fever.

For statement 2 the QSAC felt, based on comments by a stakeholder, that care should be taken when assessing children with autistic spectrum disorder or other mental health disorders. This has therefore been referenced in the equality consideration section for statement 2.

For statement 2 it may be difficult to assess pallor or a pale/mottled/ashen/blue appearance in children with darker skin. The equality consideration section for statement 2 explains that healthcare professionals may find it easier to assess pallor on the lips or tongue.

A non-blanching rash may also be harder to detect in infants and children with darker skin tones. The equality consideration section for statements 2 and 4 explain that healthcare professionals should be aware (and inform parents and carers if appropriate) that a rash may be more easily identified on the palms of the hands, the conjunctivae and the soles of the feet.

If a child is being assessed remotely care should be taken where their parent or carer's first language is not English. The equality consideration section for statement 2 explains that an interpreter should be offered and the child seen in person where possible.

The QSAC recognised that written and verbal safety net advice should reflect varying communication needs. Healthcare professionals will need to ensure that they communicate advice in the most appropriate format for the parents and carers in line with their organisations guidance. This is specifically referenced in the equality consideration section for statement 4.

**2. Have relevant bodies and stakeholders been consulted, including those with a specific interest in equalities?**

- Have comments highlighting potential for discrimination or advancing equality been considered?

Standing members for Quality Standards Advisory Committees (QSACs) have been recruited by open advert with relevant bodies and stakeholders given the opportunity to apply. In addition to these standing committee members, specialist committee members from a range of professional and lay backgrounds relevant to feverish illness in children under 5 years were recruited.

The first stage of the process gained comments from stakeholders on the key quality improvement areas which were considered by the QSAC.

Consultation on the draft quality standard took place with registered stakeholders for a period of 4 weeks. All comments received were considered by the QSAC and a high level summary report produced of those consultation comments that may result in changes to the quality standard (see NICE website).

**3. Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process? Are these exclusions legal and justified?**

- Are the reasons for justifying any exclusion legitimate?

This quality standard relates to services for infants and children from birth to 5 years. It excludes those older than this age as the referral for this quality standard is focused on services for babies and young children and is in line with the underpinning guidance.

Statement one only applies to infants and children being seen in face to face contact with a healthcare professional. Those being assessed remotely (for example via NHS Direct) would not have their vital signs recorded. The exclusion in this case is practical and justified.

**4. If applicable, do any of the quality statements make it impossible or unreasonably difficult in practice for a specific group to access a service or element of a service?**

- Does access to a service or element of a service depend on membership of a specific group?
- Does a service or element of the service discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive a service or element of a service?

No.

**5. If applicable, does the quality standard advance equality?**

- Please state if the quality standard, including statements, measures and indicators, as described will advance equality of opportunity, for example by making access more likely for certain groups, by tailoring the service to certain groups, or by making reasonable adjustments for people with disabilities?

It is hoped that the quality standard will contribute to advancing equality.

When assessing children with autistic spectrum disorder or other mental health disorders care should be taken by the healthcare professional to ensure they assess the symptoms appropriately.

As it may be difficult to assess pallor or a pale/mottled/ashen/blue appearance in children with darker skin. Healthcare professionals may find it easier to assess pallor on the lips or tongue.

A non-blanching rash may also be harder to detect in infants and children with darker skin tones therefore healthcare professionals should be aware that a rash may be more easily identified on the palms of the hands, the conjunctivae and the soles of the feet (and inform parents and carers if appropriate).

When a child is being assessed remotely care should be taken where their parent or carer's first language is not English and an interpreter should be offered and the child seen in person where possible.

Written and verbal safety net advice should reflect varying communication needs and healthcare professionals will need to ensure that they communicate advice in the most appropriate format for the parents and carers in line with their organisations guidance.